



## **HOUSE BILL 1012**

HOUSE APPROPRIATIONS | HUMAN RESOURCES DIVISION

*REPRESENTATIVE JON NELSON, CHAIRMAN*

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## **FIELD SERVICES DIVISION**

*Rosalie Etherington, Chief Clinic Director/NDSH Superintendent*

*Jeff Stenseth, Field Services Operations Officer/ SEHSC Regional Director*

NORTH  
**Dakota**  
Be Legendary.™

| Human Services

# ABOUT US

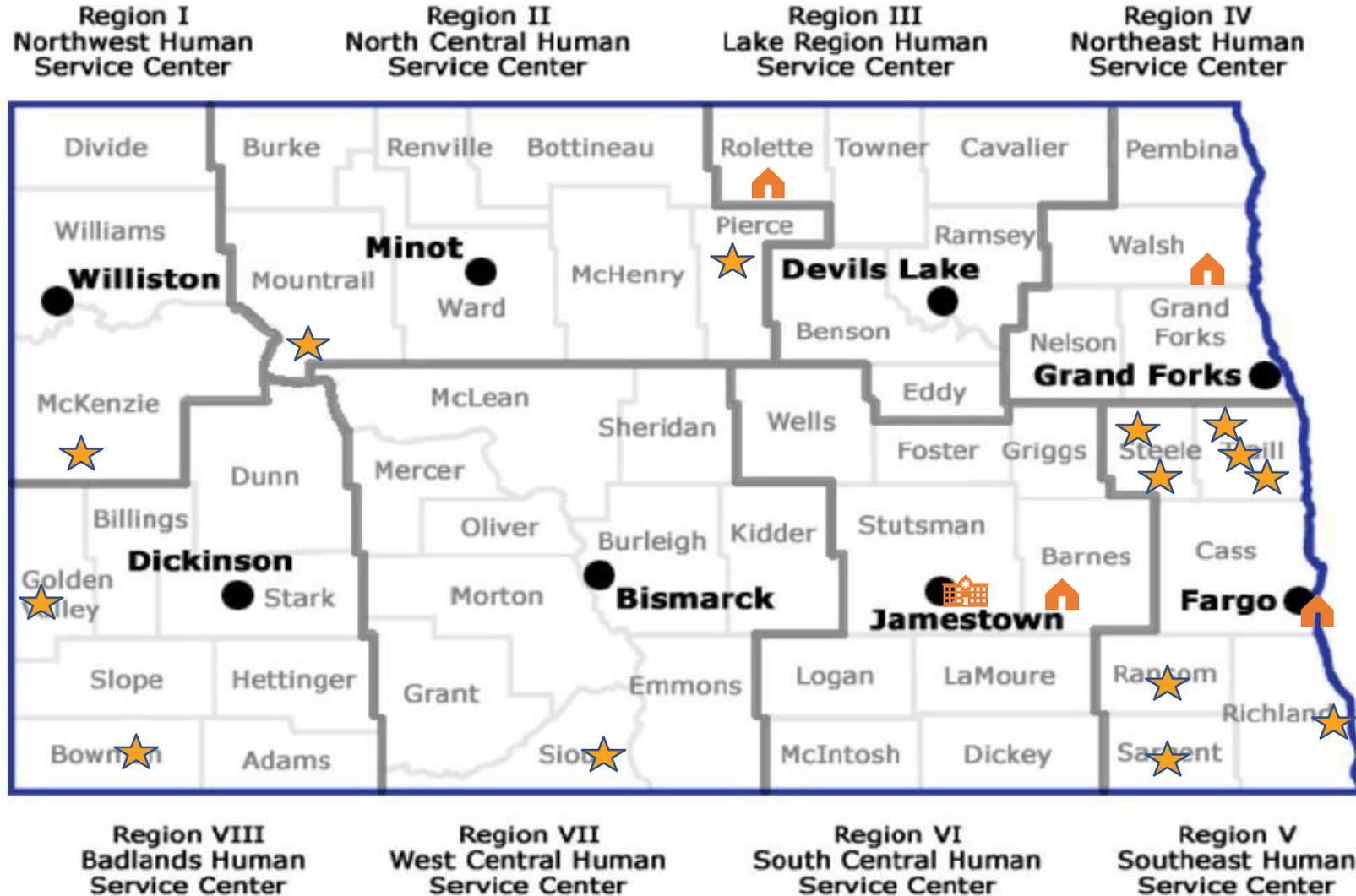


# OUR MISSION

**Provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.**

# FIELD PUBLIC BEHAVIORAL HEALTH SYSTEM

- 8 Regional Human Service Centers
- ★ 14 Outreach Offices
- 🏠 4 Satellite Clinics
- 🏢 1 North Dakota State Hospital



# FIELD SERVICES: Designing Behavioral Health Care



SERVE THOSE MOST  
FUNCTIONALLY IMPACTED



SUPPORT/INCREASE  
INDEPENDENT  
FUNCTIONING



SUPPORT INDIVIDUALS  
ACHIEVING THEIR RECOVERY  
GOALS

# FIELD SERVICES

## Our Clients

Field Services provided services to **22,972** clients between March 2019 and November 2020.



**47%**

Serious Mental  
Illness (SMI)  
Primary  
Diagnosis



**26%**

Substance Use  
Disorder (SUD)  
Primary  
Diagnosis



**42%**

Co-Diagnosis  
of SUD and  
Mental Health  
Disorder

# FIELD SERVICES

## Our Clients

The HSCs served **21,743** clients between March 2019 and November 2020.

**47%** Serious Mental Illness (SMI) Diagnosis

**24%** Substance Use Disorder (SUD) Diagnosis

**41%** Co-Diagnosis of SUD and Mental Health Disorder

The NDSH served **1,229** clients between March 2019 and November 2020.

**46%** Serious Mental Illness (SMI) Diagnosis

**55%** Substance Use Disorder (SUD) Diagnosis

**67%** Co-Diagnosis of SUD and Mental Health Disorder

# WHAT'S DRIVING US

# DHS 2021-2025 KEY PRIORITIES



## Strong Stable Families

- Maintain family connections
- Improve stability and prevent crises
- Promote and support recovery and well-being



## Early Childhood Experiences

- Support workforce needs with improved access to childcare
- Help kids realize their potential with top quality early experiences
- Align programs for maximum return on investment



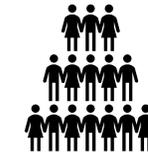
## Services Closer to Home

- Create pathways that help people access the right service at the right time
- Engage proactively with providers to expand access to services



## Efficiency Through Redesign

- Embrace process redesign to find efficiencies in our work
- Leverage technology to support greater efficiency, quality and customer service



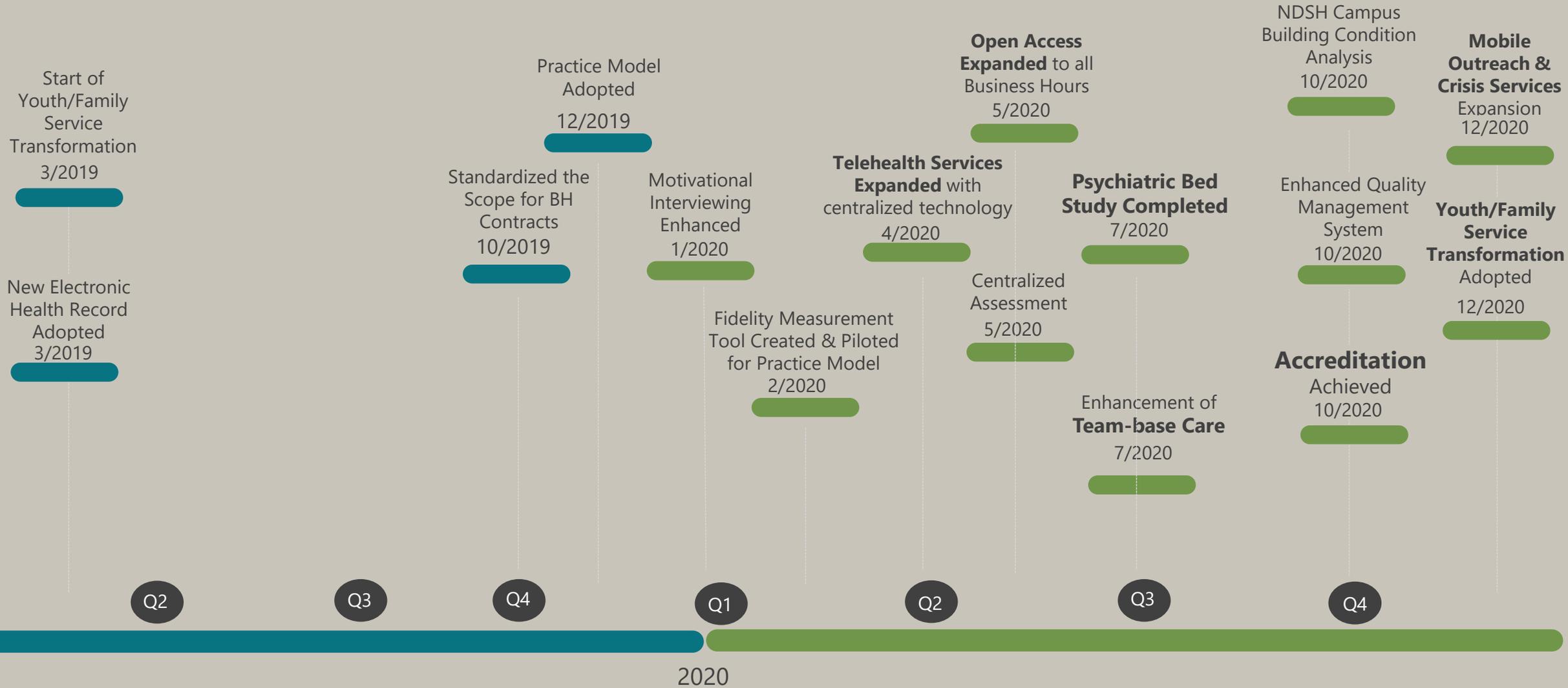
## High Performing Team

- Develop a One DHS Team culture
- Engage team with opportunities for learning and development
- Implement fiscal scorecard to drive efficiency and effectiveness

## Reinforce the Foundations of Well-being

Economic Health | Behavioral Health | Physical Health

# FIELD SERVICE INITIATIVES, 2019 - 2020



# KEY APPROACHES



**24/7 Centralized Call Center**



**Flexible Crisis Response**



**Crisis Stabilization Facilities**

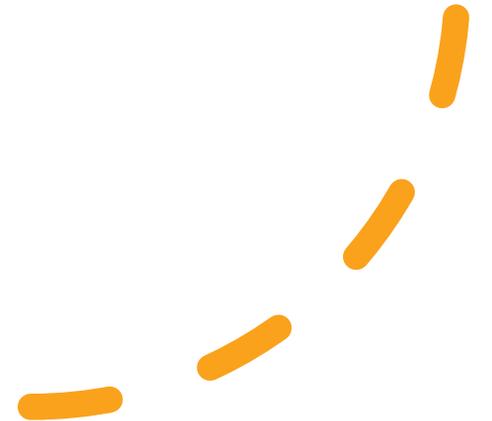
# COMPREHENSIVE CRISIS CARE SYSTEM

- Anyone
- Anywhere
- Anytime

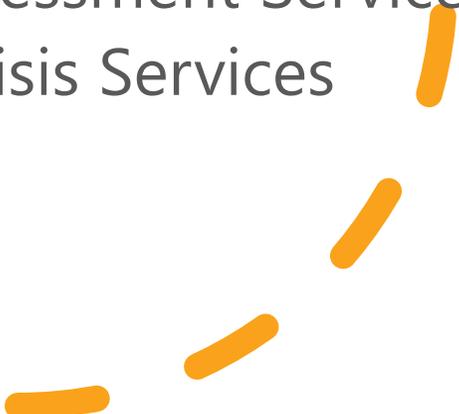
CLINICAL  
TRANSFORMATION

REHABILITATION &  
RECOVERY SERVICES

- Multidisciplinary Team-Based Services
- Focus of Service is Everyday Function
- Client Function and Satisfaction Measured
- Service Quality and Accuracy Measured
- Accreditation Compliance Measured
- Continuous Quality Assessment

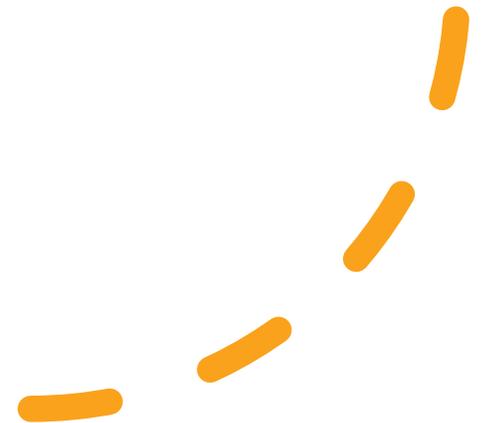


# SERVICE FOR JUSTICE INVOLVED

- Adolescent and Adult Drug Court Services
  - Tompkins Rehabilitation Center Voluntary Treatment
  - SCHSC/NDSH Cooperative Release SUD Treatment
  - Specialized Services to Individuals with Serious Mental Illness
  - Expanded Court Criminal Responsibility Assessment Services
  - Court-ordered Diagnostic Assessment and Treatment Services
  - Expanded Court Competence Assessment Services
  - Expanding Jail Medication and Crisis Services
- 

# YOUTH & FAMILY TRANSFORMATION

- New Youth/Family Multidisciplinary Teams
- Specialized Intensive Youth/Family Therapies
- Solution-Focused Regional Review Teams
- Psychiatric Residential Treatment Safety-Net



# HUMAN SERVICE CENTER OVERVIEW

# All 8 Human Service Centers



100%  
ACCREDITED

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# ACCREDITATION: Reviewer's Comments

You should be very proud, of the 130+ site visits I have done, less than 10% have gotten an expedited review. (COA Reviewer Team Leader)

I am really blown away with your services. You provide great service to people who other agencies might not even consider.

...met high performance standards and have made a commitment to their stakeholders to deliver the very best quality services.

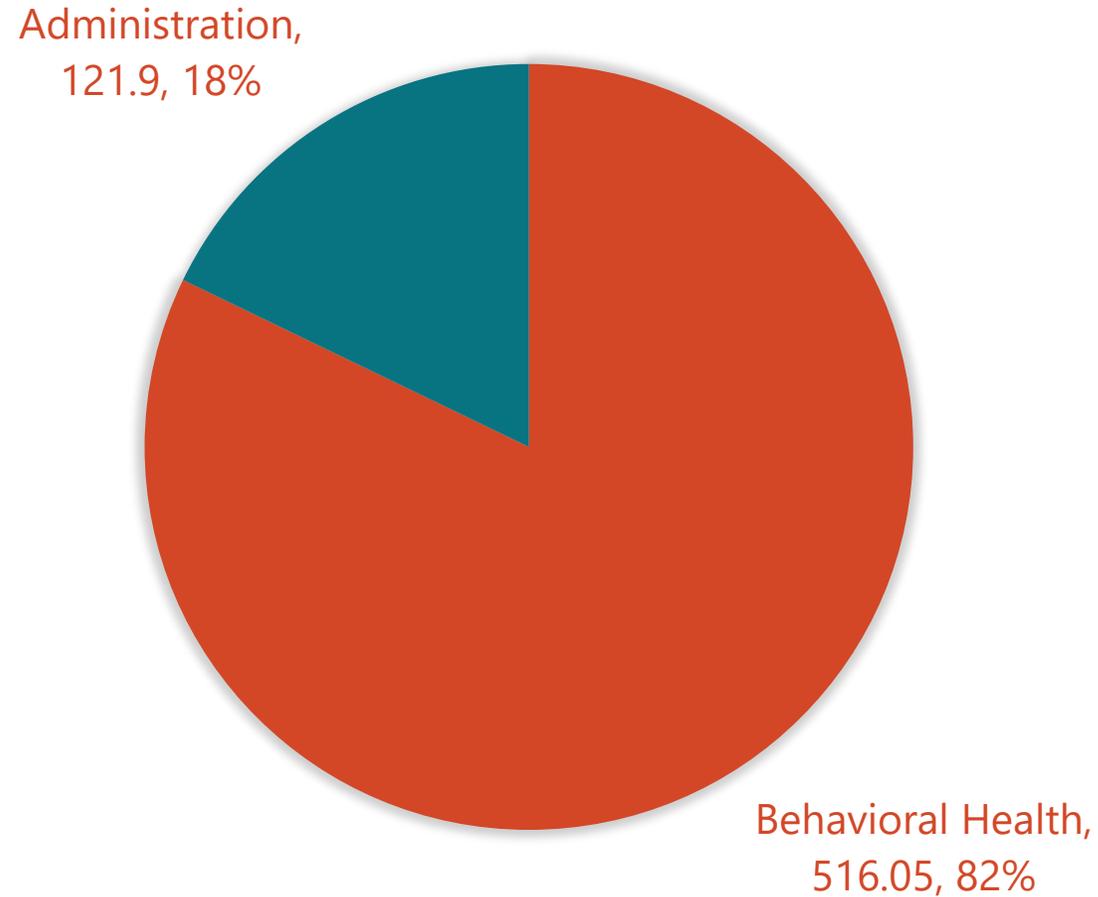
# COVID

# HSC COVID RESPONSE

- Expanded telehealth capacity to 350 providers
- Prioritized on-site staff and services
- Retained limited in-person care
- Expanded in-person care in November

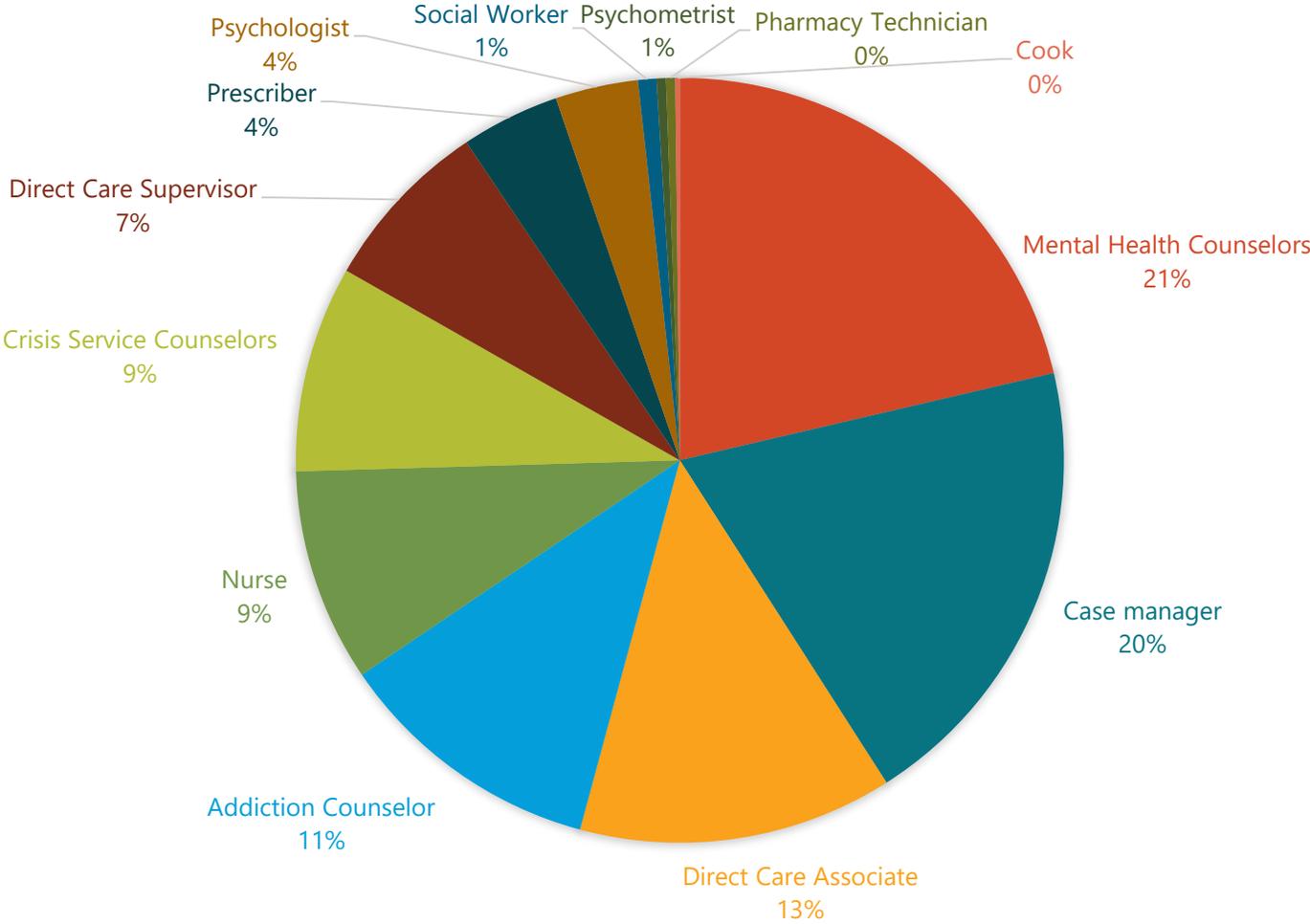


# HUMAN SERVICE CENTER STAFFING: 637.95 Total FTE Statewide

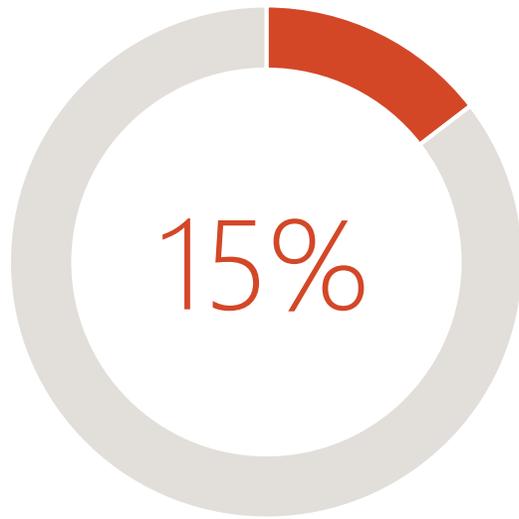


# HUMAN SERVICE CENTER STAFFING

## 516 Behavioral Health FTE Statewide



# HUMAN SERVICE CENTER STAFF TURNOVER



2019



2020

# HUMAN SERVICE CENTERS AT-A-GLANCE

March 2019 – February 2020 \*



**569,454**

Services



**18,308**

Clients



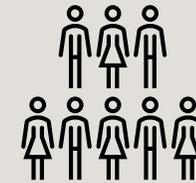
**15,419**

Services provided  
by Telehealth



**12,157**

Services provided  
in home



**215,246**

Services provided in  
community



**5,628**

Crisis Services



**2,230**

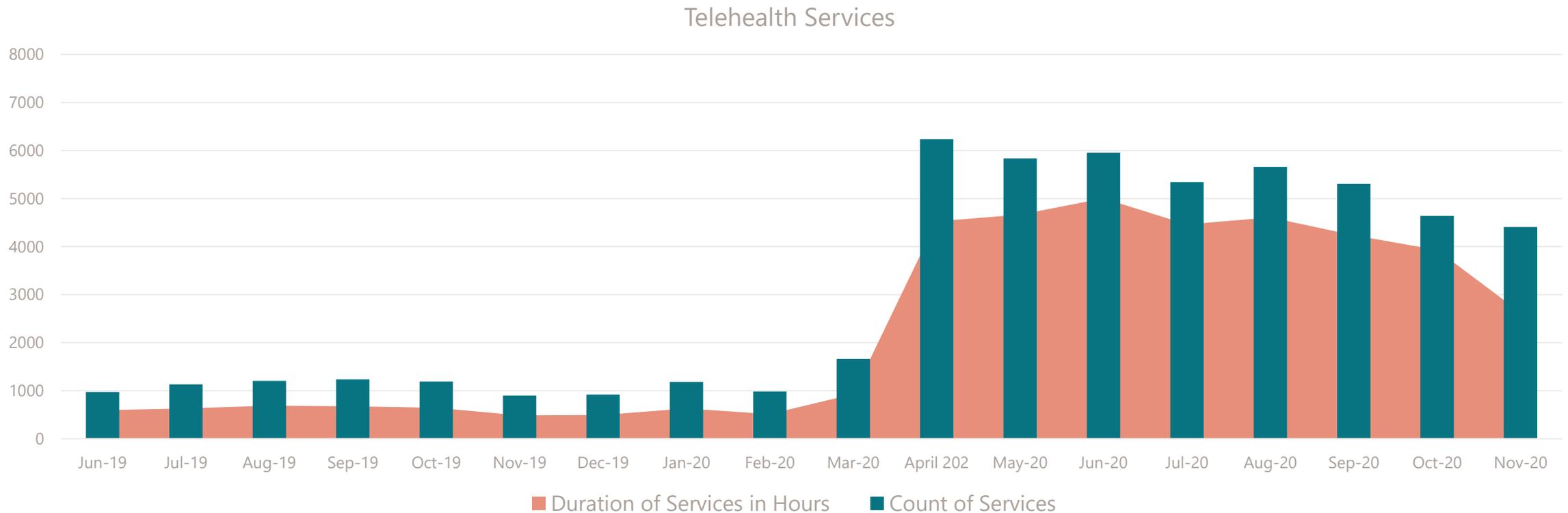
Youth (<18)  
clients served

\*New EHR was adopted in March 2019, thus a full calendar year for 2019 was not able to be provided.

# HUMAN SERVICE CENTERS

## Telehealth Service Expansion

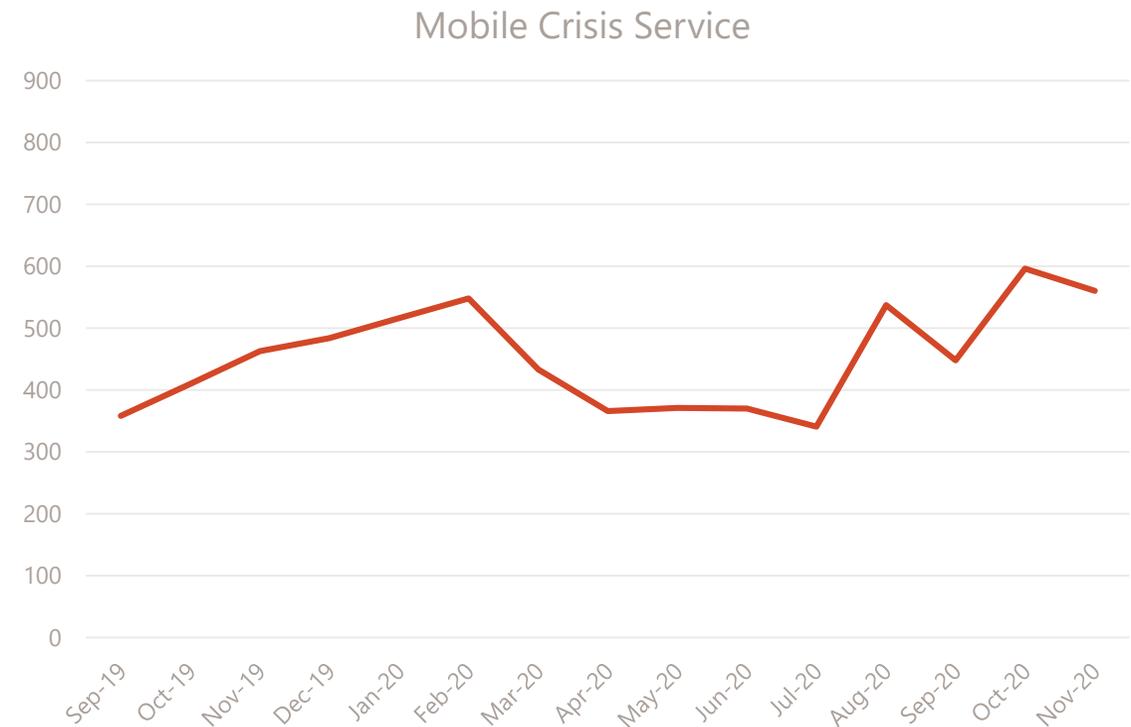
The Human Service Centers transitioned quickly to provide telehealth services to clients during the COVID-19 pandemic to ensure continued necessary services while maintaining safety.



# HUMAN SERVICE CENTERS

## Crisis Service Transformation

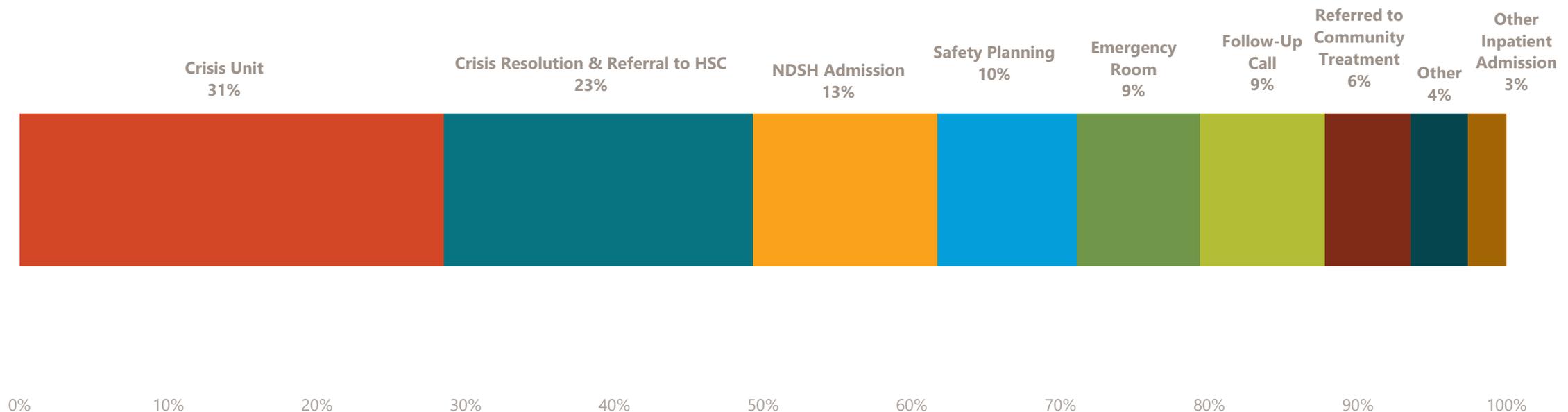
The Human Service Centers provided **15,300** crisis services from September 2019 through November 2020.



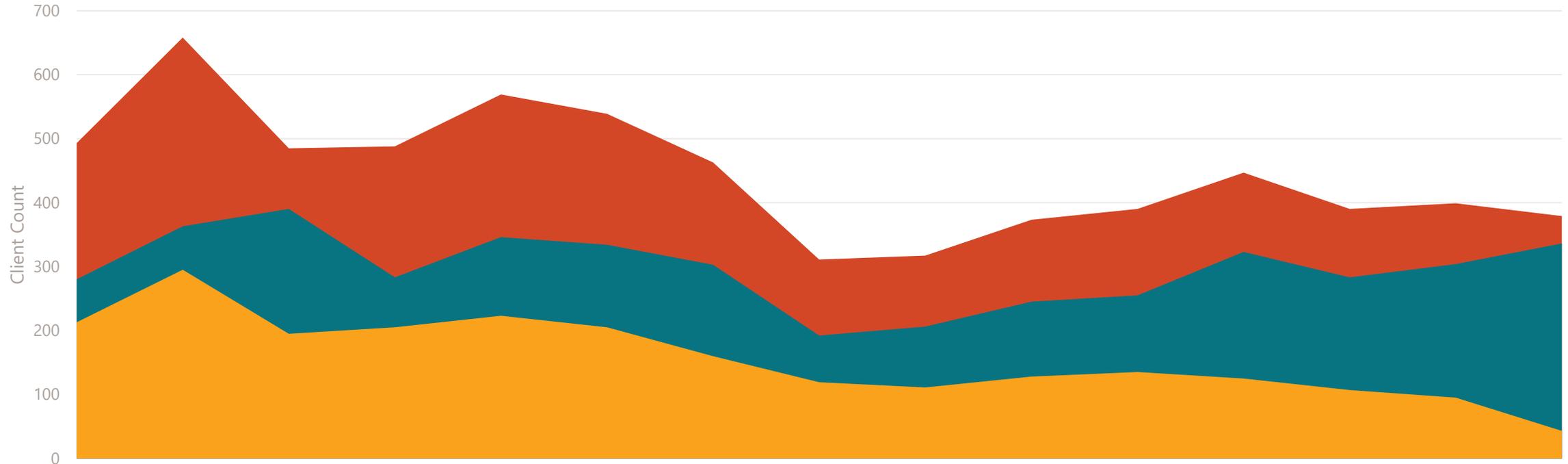
# HUMAN SERVICE CENTERS

## Crisis Resolution Increasing

Between September 2019 through November 2020, Human Service Centers triaged and screened 4,202 individuals for crisis services. Of those individuals, 67% were either referred to Crisis Unit, Crisis Resolution & Referral to HSC, or North Dakota State Hospital.



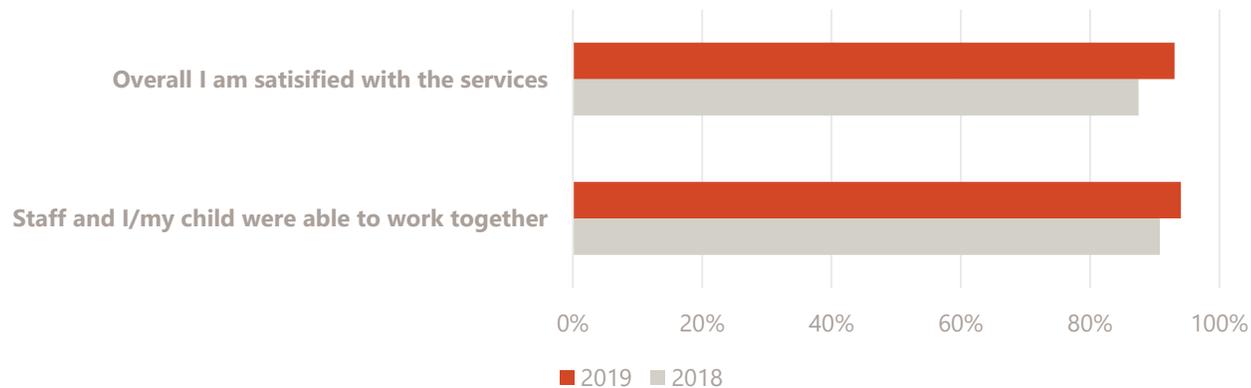
# HUMAN SERVICE CENTERS: Open Access



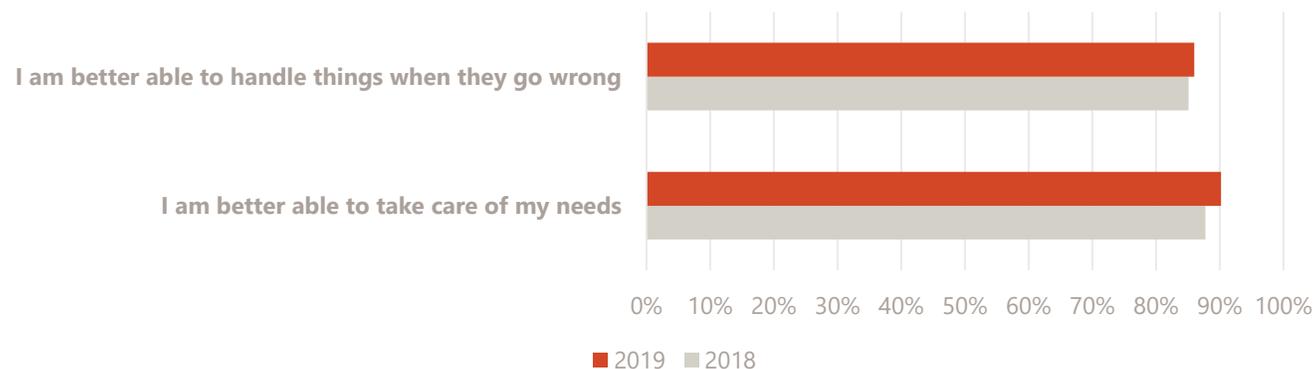
	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Assessed	493	658	485	488	569	539	463	311	317	373	390	447	390	399	379
Referred to HSC	280	363	390	283	346	334	303	192	206	245	255	323	283	304	336
Referred Out	213	295	195	205	223	205	160	119	111	128	135	125	107	95	43

# HUMAN SERVICE CENTERS: Client Satisfaction & Improvement

Percent Clients & Families Express Satisfaction



Percent Clients Functions Improve



"I was treated extremely well and with genuine concern. I felt cared for and loved as a human being. There is nothing that I would like to see changed, as I was well cared for."

"I am very satisfied with the service as I get from the Human Services mental health. I would strongly recommend this agency to someone who needs help. Keep up with the awesome job!"

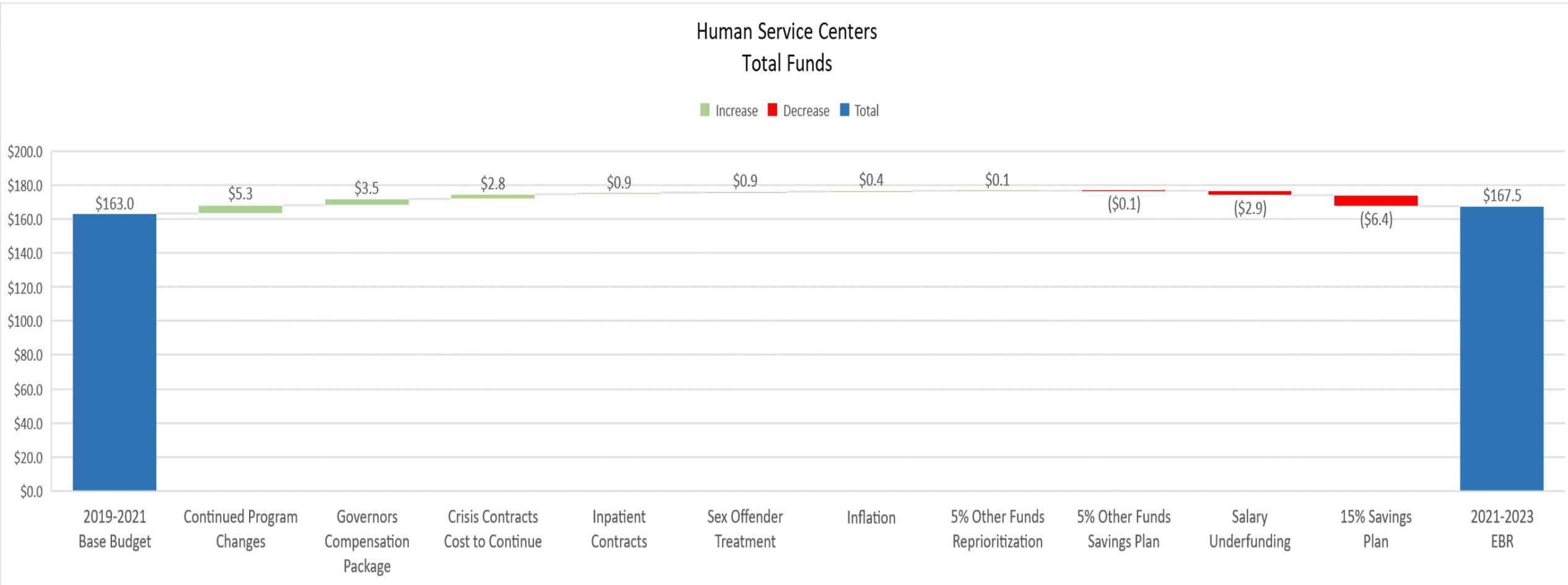
"The Human Services has changed my life to my best life. I am so thankful. Love them all dearly. The quality of my life would not have changed without them. I feel they sincerely care about me."

# 21-23 BUDGET

# OVERVIEW OF BUDGET CHANGES

Description	2019-2021 Budget	Increase/ (Decrease)	2021-2023 Executive Budget
<b>Salaries and Benefits</b>	117,595,353	6,901,854	124,497,207
<b>Operating</b>	16,435,561	(969,915)	15,465,646
<b>Capital</b>	80,000	0	80,000
<b>Grants</b>	28,873,633	(1,398,175)	27,475,458
<b>Total</b>	162,984,547	4,533,764	167,518,311
<b>General Fund</b>	104,546,617	(8,374,845)	96,171,772
<b>Federal Funds</b>	40,391,387	4,295,666	44,687,053
<b>Other Funds</b>	18,046,543	8,612,944	26,659,487
<b>Total</b>	162,984,547	4,533,764	167,518,311
<b>Full Time Equivalent (FTE)</b>	637.95	0	637.95

# OVERVIEW OF BUDGET CHANGES (IN MILLIONS)



# HSC Changes

## 15% Savings Plan

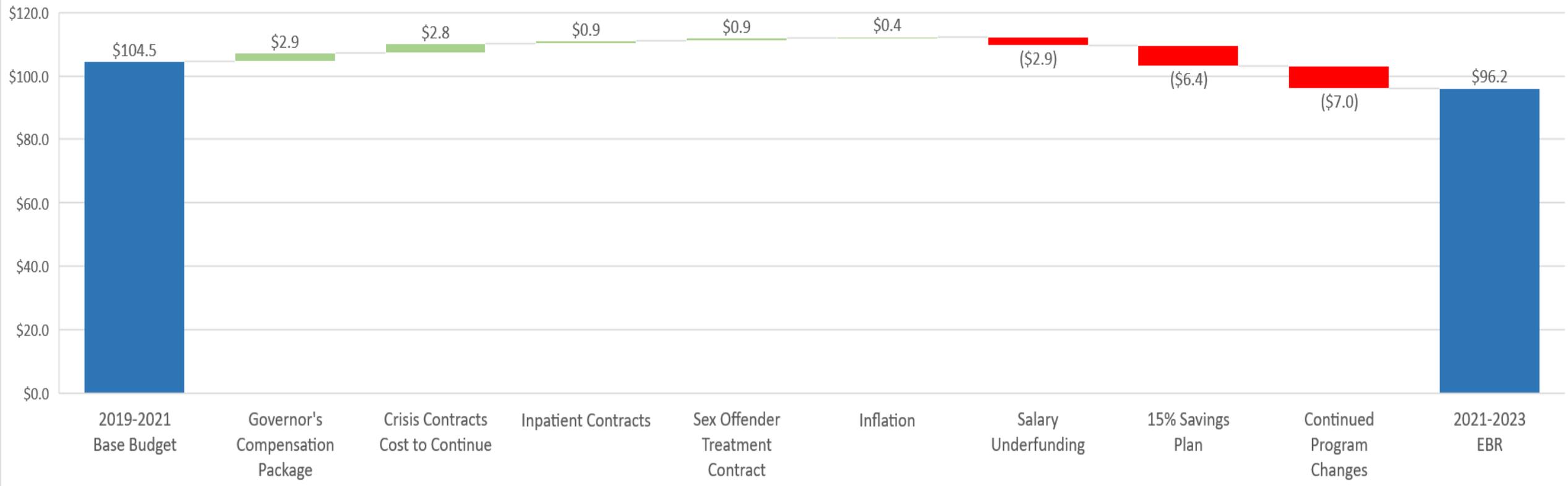
- (476,417) due to Operating efficiencies
- (170,000) due to program ended
- (2,336,578) due to Program efficiencies
- (3,431,998) funding changes due to 1915i implementation



# GENERAL FUND CHANGES (IN MILLIONS)

## Human Service Centers General Fund

■ Increase ■ Decrease ■ Total



# NORTH DAKOTA STATE HOSPITAL OVERVIEW

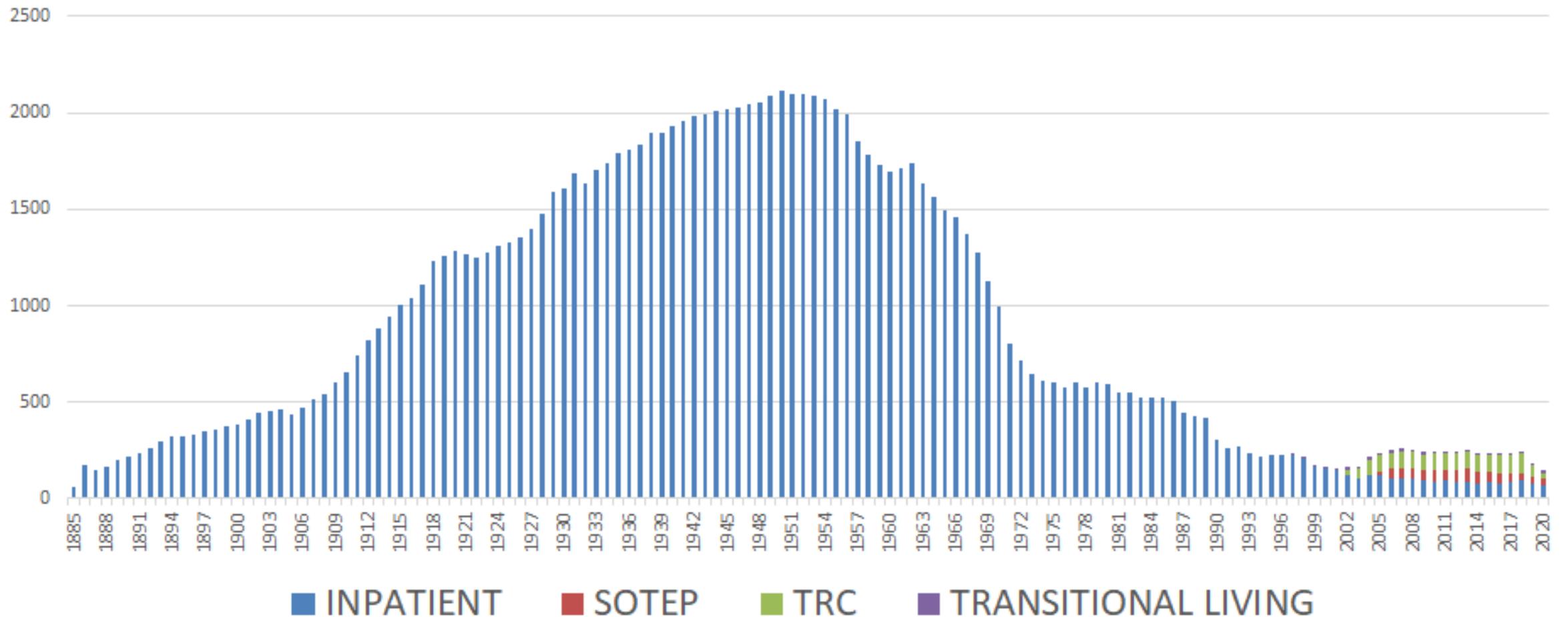
# ABOUT US

# STATE HOSPITAL SERVICES

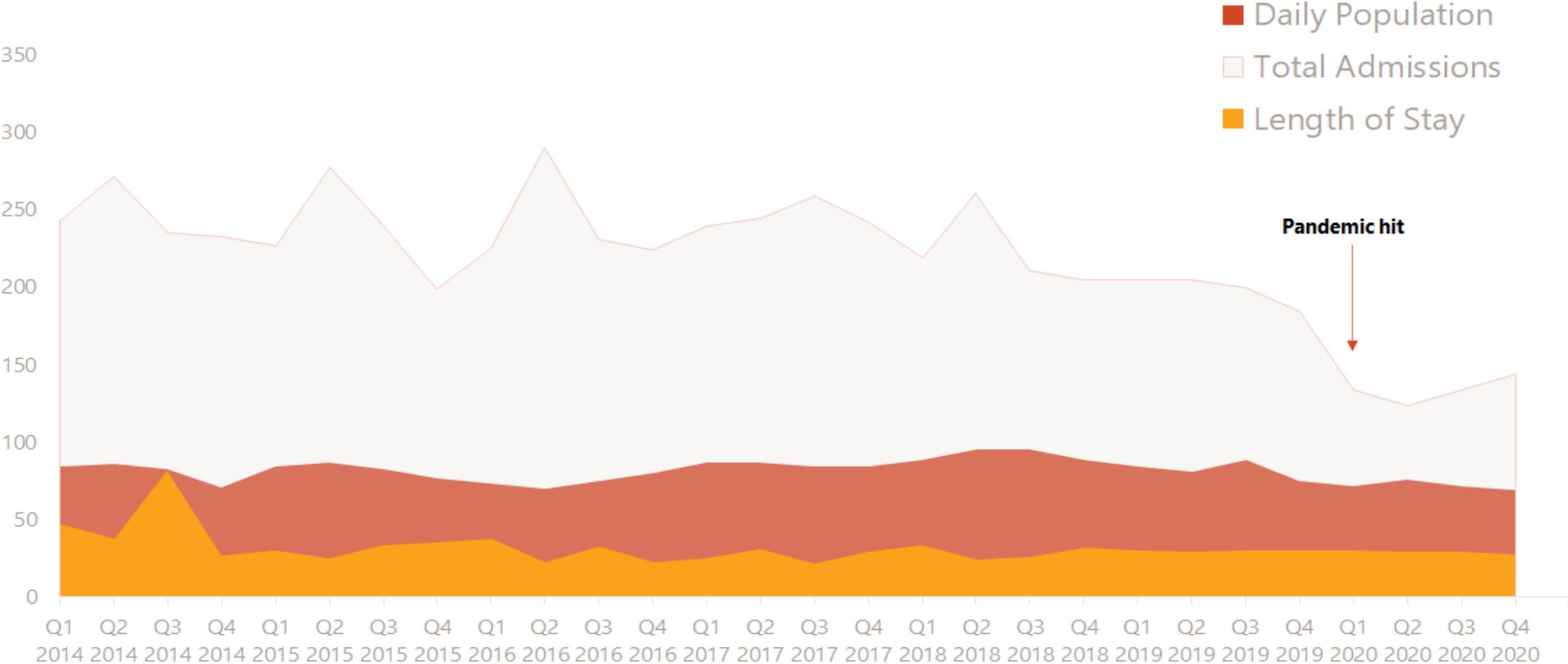
## Specialized Safety-Net Quick Glance



# NDSH CENSUS OVER TIME



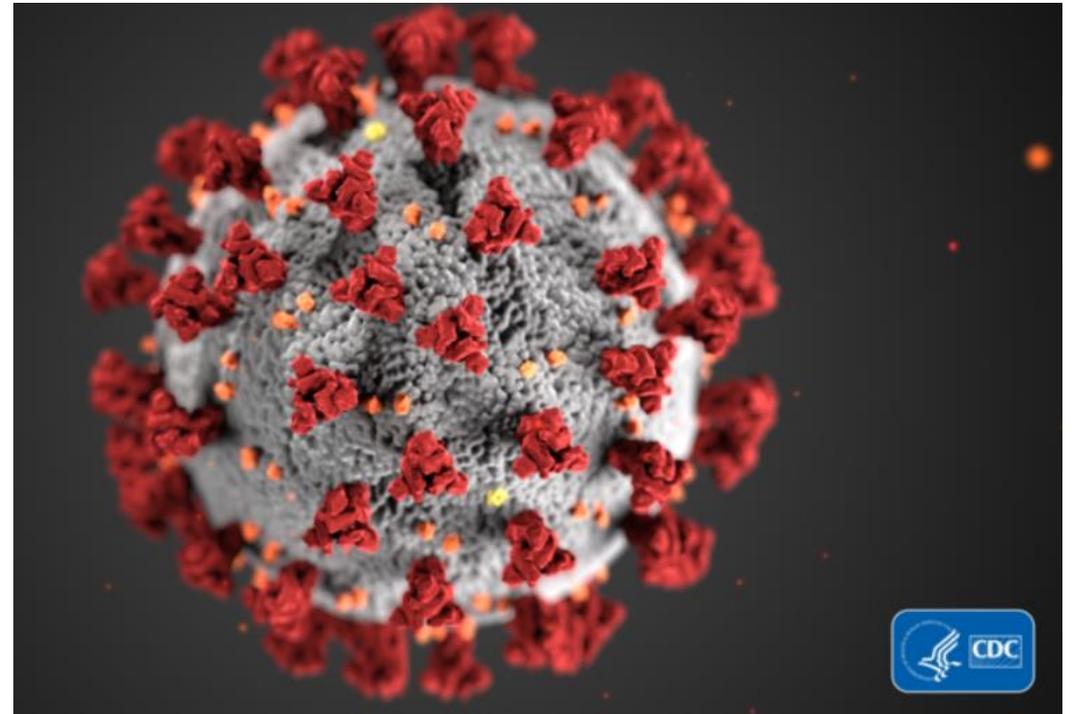
# NDSH ADMISSIONS AND DAILY POPULATION



# COVID

# NDSH PANDEMIC RESPONSE

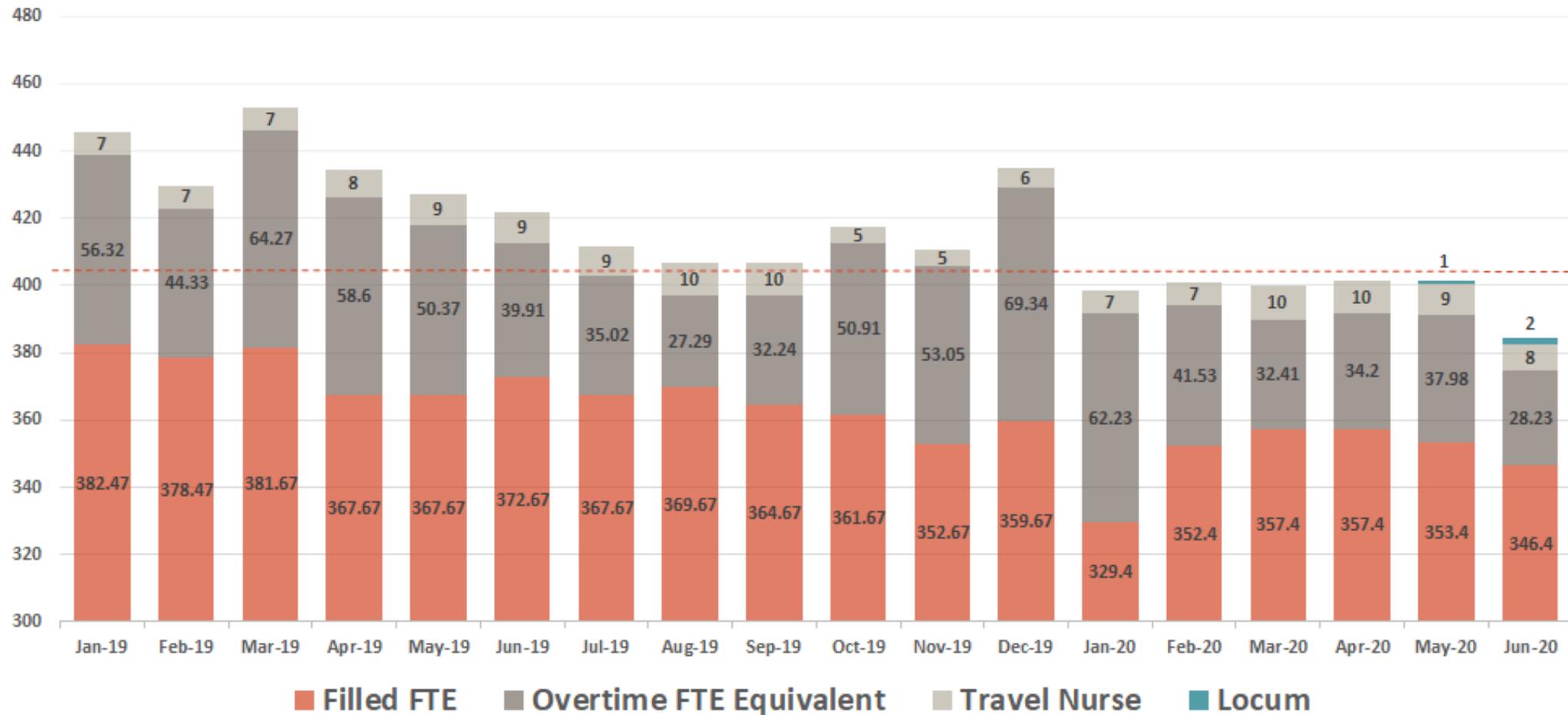
- Infection Control Procedures Expanded
- Weekly Surveillance Testing
- Visitor and Community Restrictions
- NDSH Role in North Dakota Bed Surge Plan
- Mandatory overtime and other staff shortage issues



# NDSH STAFFING

OVERTIME AND AGENCY STAFF MAKE UP THE DIFFERENCE

## NDSH STAFFING, JANUARY 2019 - JUNE 2020



# KEY APPROACHES

# NDSH BIENNIAL ACCOMPLISHMENTS

- Psychiatric and residential bed studies
- Campus infrastructure and building conditions analysis
- Forensic services expanded

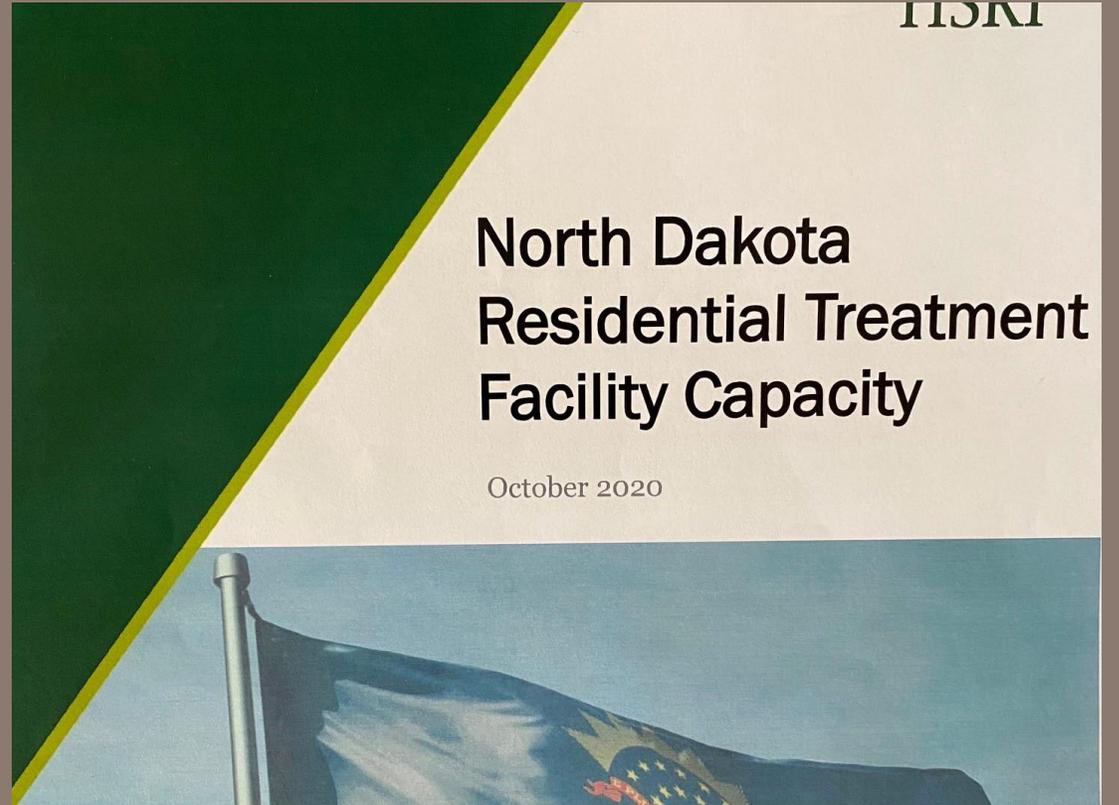
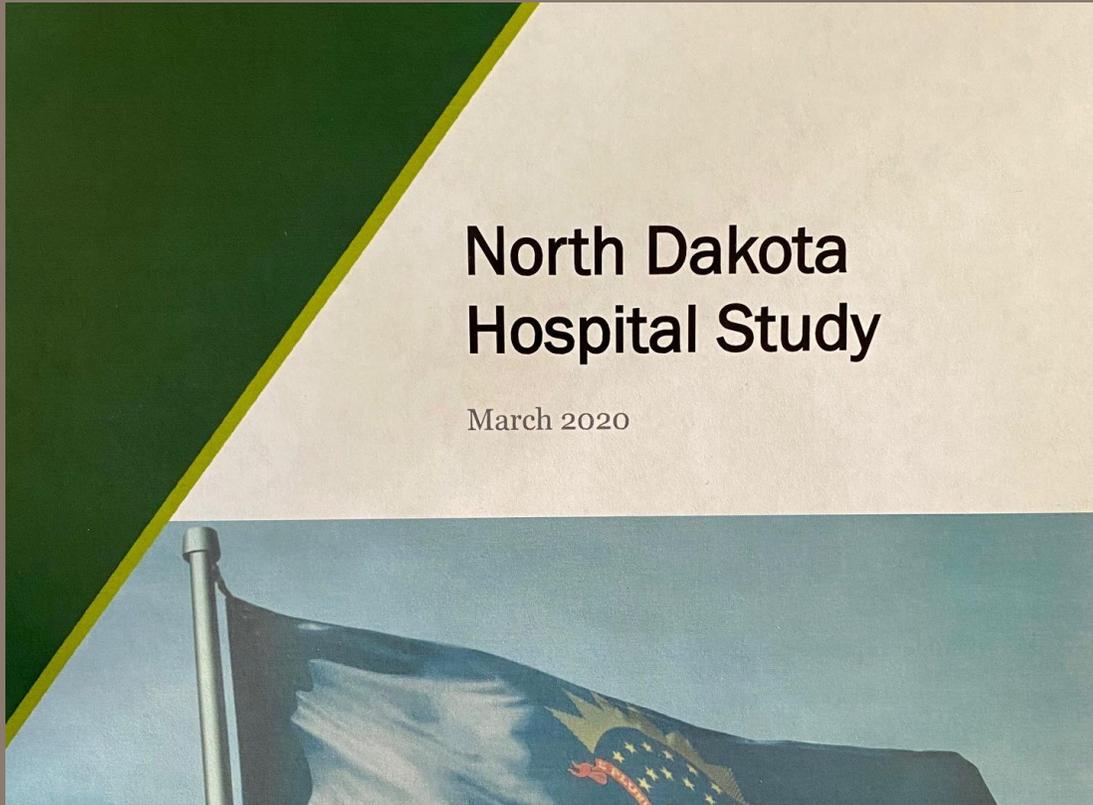


# SB 2012 SECTION 18

## REPORT TO LEGISLATIVE MANAGEMENT

- Identify size and use of new state hospital
- Identify impact of crisis service expansion
- Identify potential use of Medicaid waivers
- Identify balance of inpatient, residential, and community services





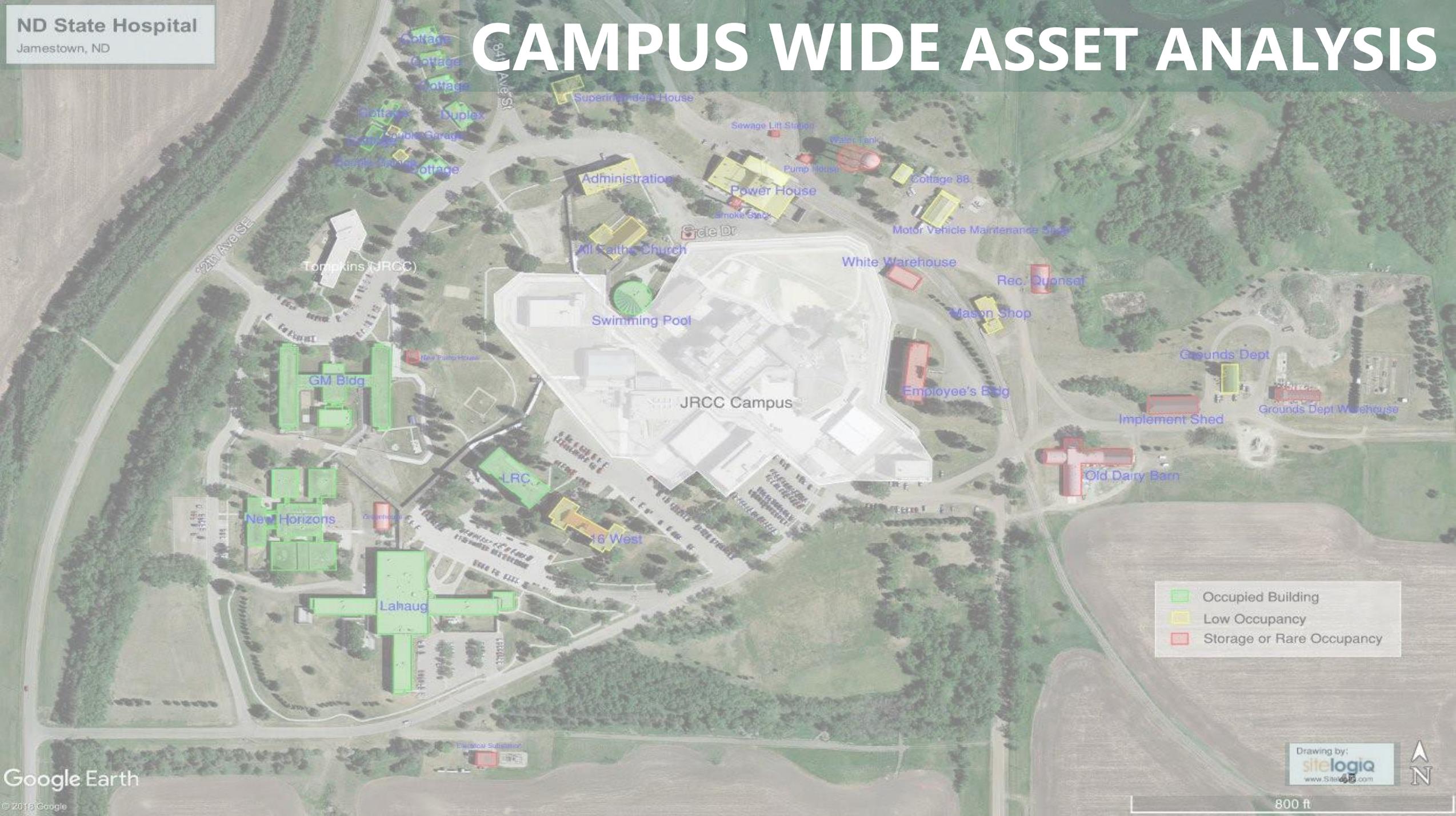
# HSRI RECOMMENDATIONS

# STATEWIDE PLAN RECOMMENDATIONS

## STATE HAS SUFFICIENT PSYCHIATRIC HOSPITAL AND RESIDENTIAL BEDS

- Sufficient hospital and residential bed capacity
- 6-10 hospital beds needed in western North Dakota
- Build new state hospital at 75-85 beds
- Develop and expand alternatives to inpatient treatment
- Develop standardized coordination of services
- Integrate behavioral health services into physical health
- Do not pursue Medicaid IMD exclusions

# CAMPUS WIDE ASSET ANALYSIS

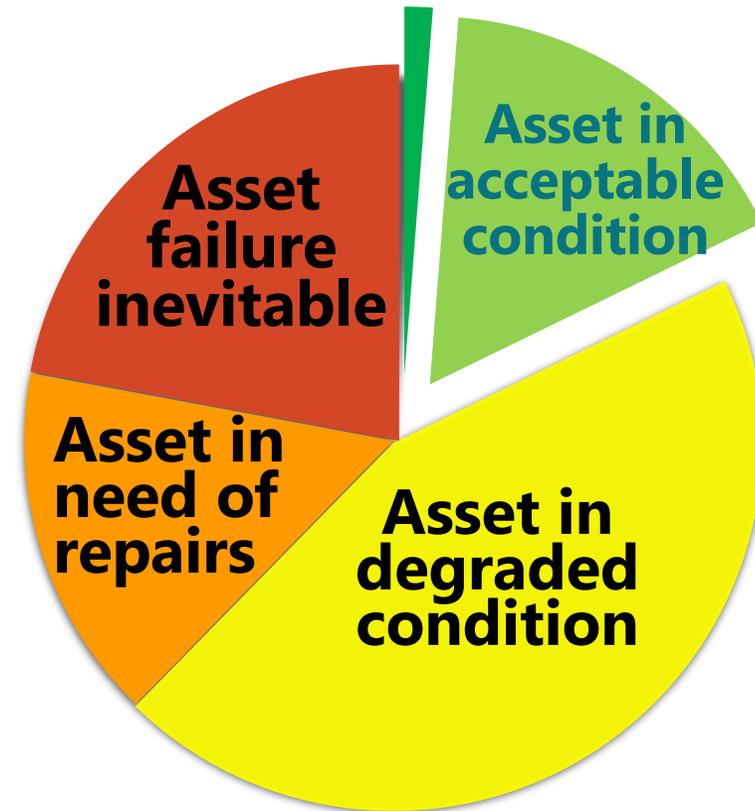
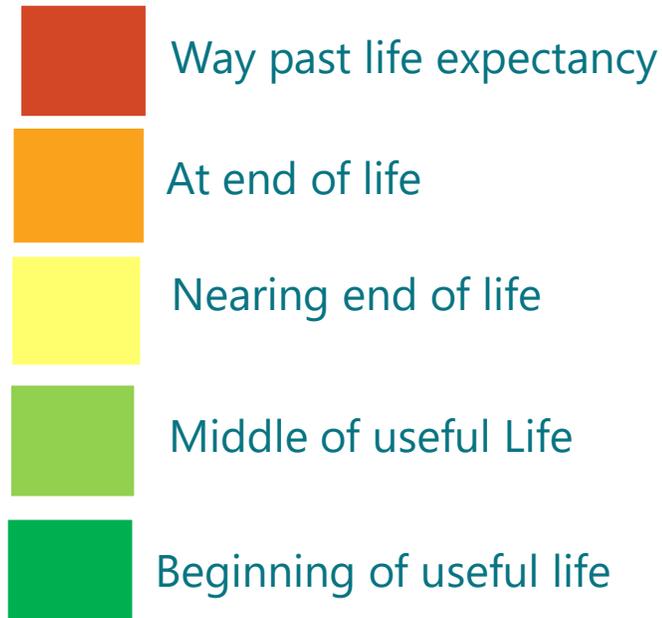


- Occupied Building
- Low Occupancy
- Storage or Rare Occupancy



# ASSET ANALYSIS CONCLUSIONS

## IMMEDIATE NEEDS FOR FAILING INFRASTRUCTURE



# NEW TREATMENT CAMPUS GOALS

## IMPROVE CARE AND SAVE COSTS

- 01 | An innovative approach to deliver a new Treatment Campus to accomplish Legislature's directive
- 02 | Finance new construction with minimal to no upfront capital spending
- 03 | **Eliminate over \$5M in annual operating inefficiencies and duplicative support**
- 04 | Provides operating and lifecycle cost certainty for the next 40 years
- 05 | Provide a new facility that improves patient and staff safety and improved treatment
- 06 | **Eliminate \$148M of deferred Maintenance needs and provides a new facility with essentially a 40-year warranty**
- 07 | Significantly reduce operating costs, and ensure cost certainty and facility condition for the next 40 years

# WHY A NEW HOSPITAL

*Offer safer & better care at a lower cost*



## Safety Concerns

### Secure Entrance Issues

- The ability to have unwanted ingress/egress

### Limited Sightlines

- Impacts ability of staff to observe patients at all times

### Outdated Configurations

- Does not meet current care needs
- Anti-ligature limited



## Care Concerns

### Regulatory Deficiencies

- Joint commission requirements
- Life Safety Code requirements

### Indoor Environment

- Contributes to longer stays
- Staff satisfaction and performance suffer



## Cost Concerns

### Operating Cost Inefficiency

- Aged facility systems are nearing (or have exceeded) end of useful life
- Deferred maintenance list continues to grow
- Difficult to staff maintenance FTEs

### Excess Campus Footprint

- Multiple buildings and excess square footage requires higher staffing
- Duplication of FTE services and/or roles

# NEW STATE HOSPITAL VIA PUBLIC / PRIVATE PARTNERSHIP (LEASE)

Patients recover faster when treated in a modern, therapeutic environment.



Annual costs and savings to build a new State Hospital via private / public partnership (lease)		\$\$\$
Annual lease payment (principal and interest)	\$7,160,000	
Annual facility operations cost savings (e.g.: carpet, light fixtures, plumbing)	(\$850,000)	
Annual utility cost savings	(\$50,000)	
Annual new hospital FTE reductions	(\$2,680,000)	
Annual capital reinvestment savings	(\$1,866,667)	

# BUDGET BUILT ON SMALLER HOSPITAL

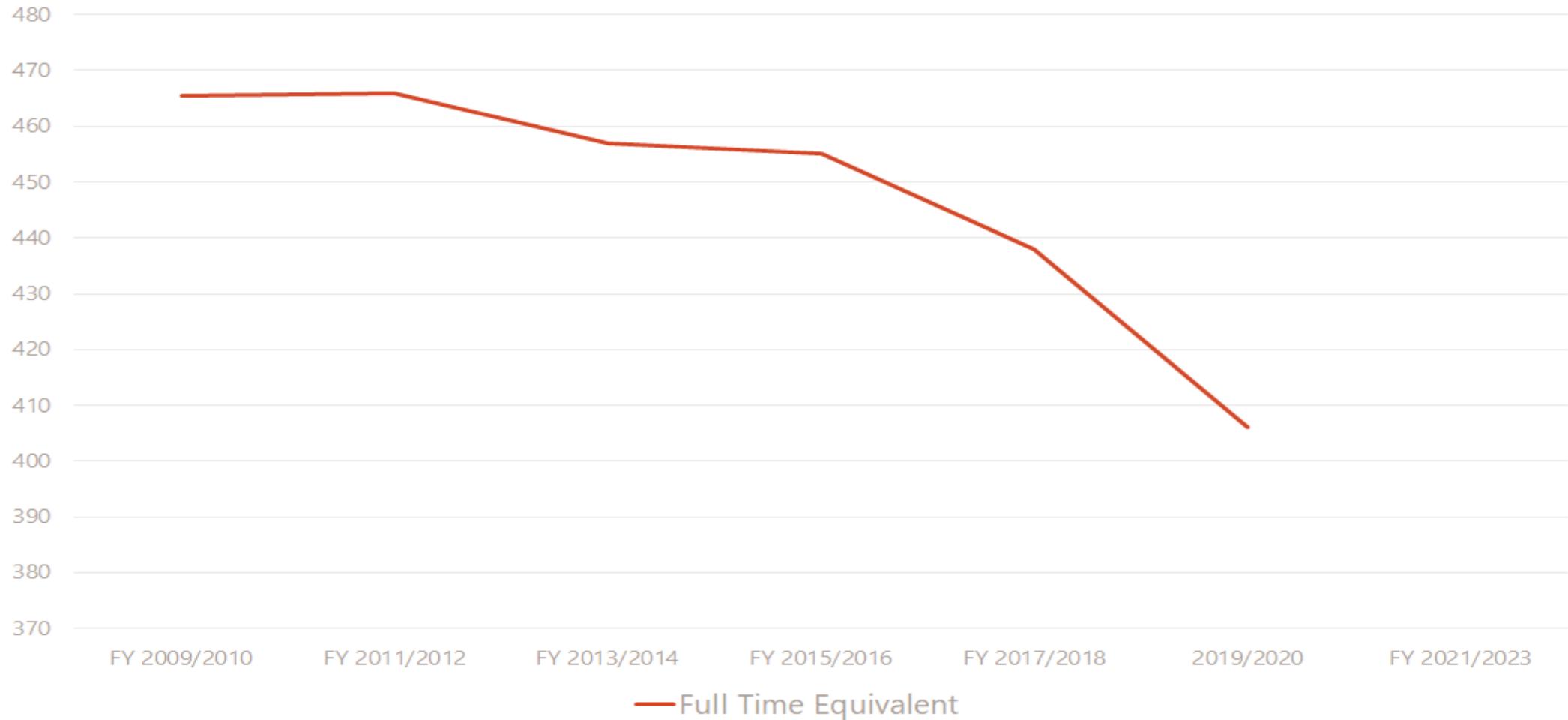
## BUDGET REDUCTION CONTINGENT ON THREE THINGS

1. 6-10 hospital beds needed in western North Dakota
2. Statutory authority to decline admissions when full
3. New hospital without costly deferred maintenance

Reduce state hospital inpatient services to 75 beds



# CURRENT BUDGET REDUCES BY 27 FTE



# OTHER PROPOSED BUDGET CHANGES

## PROPOSED REDUCTIONS CONTINGENT ON CERTAIN FACTORS

- End DOCR contract and close treatment beds
- Provide land for National Guard training center





# BUDGET OVERVIEW

## NORTH DAKOTA STATE HOSPITAL

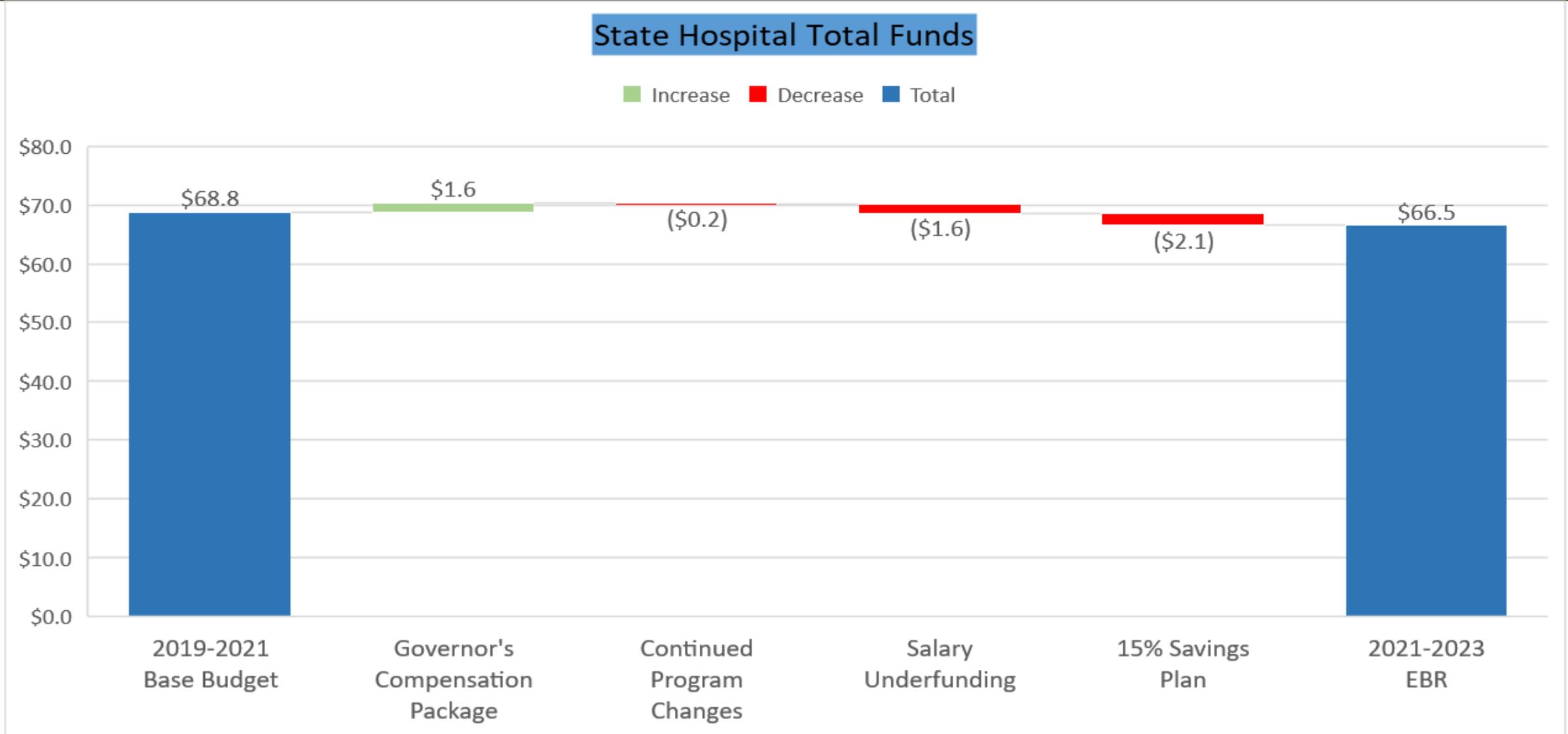
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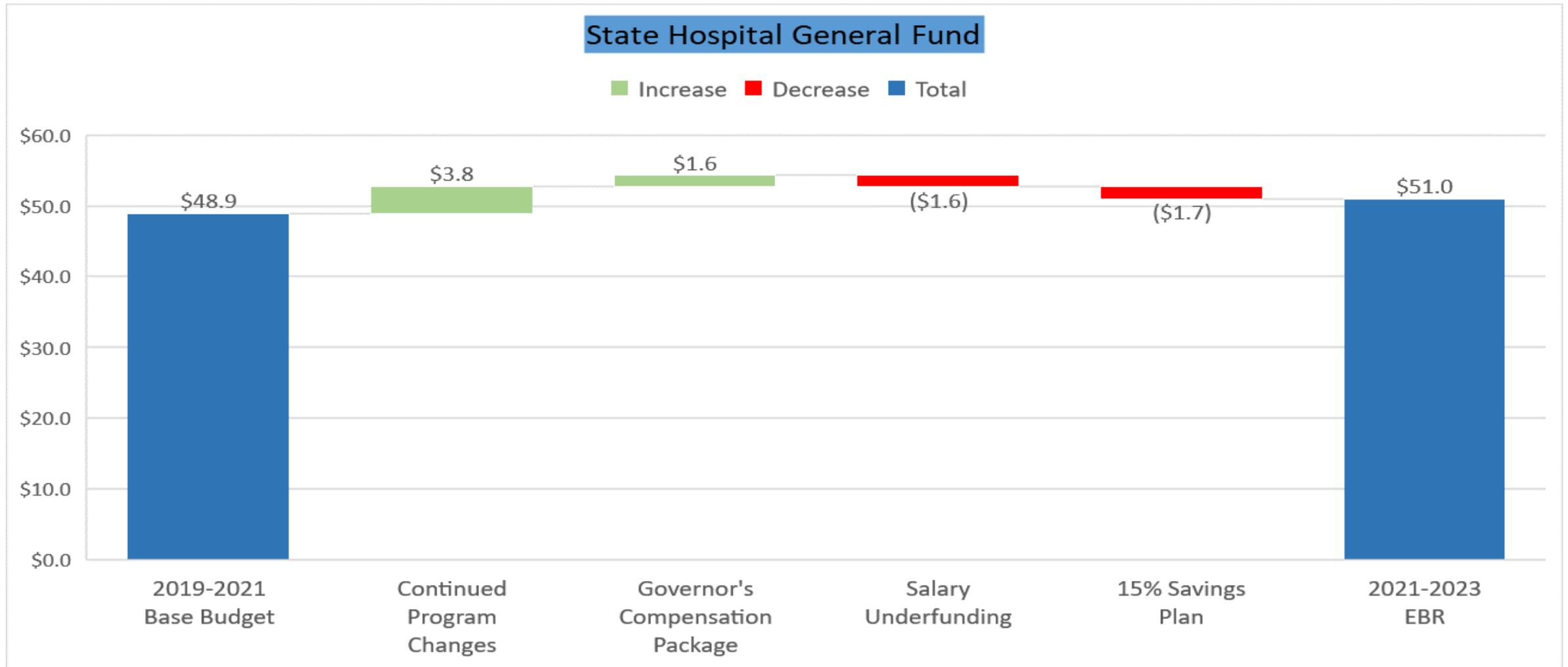
# OVERVIEW OF BUDGET CHANGES

Description	2019-2021 Budget	Increase/ (Decrease)	2021-2023 Executive Budget
<b>Salaries</b>	55,100,672	(1,170,825)	53,929,847
<b>Operating</b>	12,367,468	(1,195,691)	11,171,777
<b>Capital</b>	1,333,349	19,950	1,353,299
<b>Total</b>	68,801,489	(2,346,566)	66,454,923
<b>General Fund</b>	48,936,041	2,094,398	51,030,439
<b>Federal Funds</b>	1,759,125	(543,618)	1,215,507
<b>Other Funds</b>	18,106,323	(3,897,346)	14,208,977
<b>Total</b>	68,801,489	(2,346,566)	66,454,923
<b>Full Time Equivalent (FTE)</b>	330.62	(20.10)	310.52

# OVERVIEW OF BUDGET CHANGES (IN MILLIONS)



# OVERVIEW OF GENERAL FUND CHANGES (IN MILLIONS)





# BUDGET OVERVIEW

## SEX OFFENDER TREATMENT AND EVALUATION PROGRAM

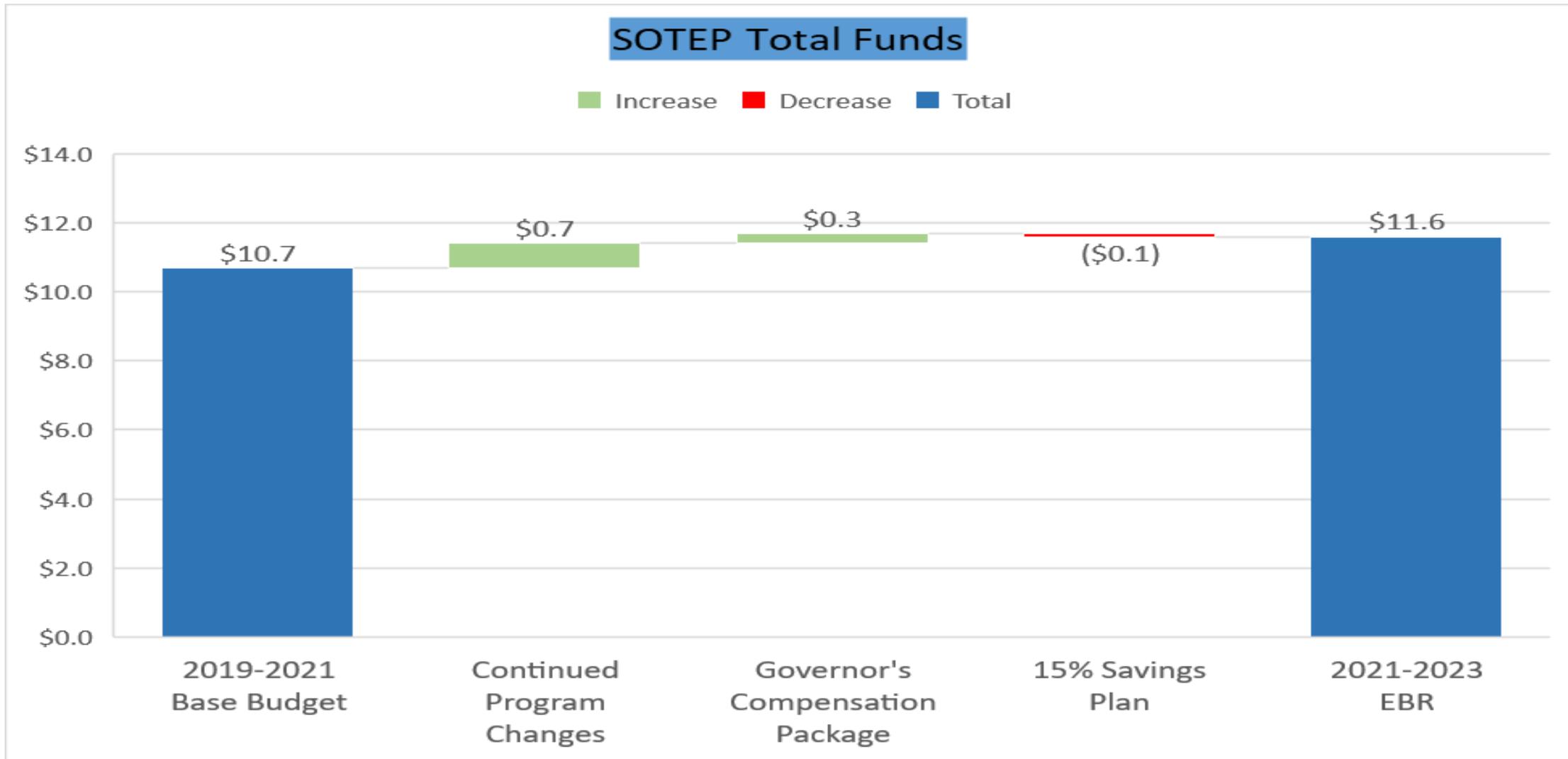
NORTH  
**Dakota**

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# OVERVIEW OF BUDGET CHANGES

Description	2019-2021 Budget	Increase/ (Decrease)	2021-2023 Executive Budget
<b>Salaries</b>	9,501,071	547,157	10,048,228
<b>Operating</b>	1,266,291	302,894	1,569,185
<b>Capital</b>	19,950	(19,950)	0
<b>Total</b>	10,787,312	830,101	11,617,413
<b>General Fund</b>	10,787,312	830,101	11,617,413
<b>Federal Funds</b>	0	0	0
<b>Other Funds</b>	0	0	0
<b>Total</b>	10,787,312	830,101	11,617,413
<b>Full Time Equivalent (FTE)</b>	68.5	0	68.5

# OVERVIEW OF BUDGET CHANGES (IN MILLIONS)



## Contact information

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**Jeff Stenseth**

**Chief Operating Officer/SEHSC Director**

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FIELD SERVICES  
DIVISION